

AGE AND SEX MATCHED INCIDENCE OF INGUINAL HERNIA

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ABSTRACT

Aim

The present study attempt to know the spectrum of hernia in tertiary care private medical college and research institute in Bangalore city.

Methods

An observational study conducted at Ambedkar Medical College and research hospital Bangalore. Total 30 known patients recruited for surgical intervention. Males and females: 1:2 ratio. Informed consent obtained from all patients. Demographic profile, patient history, risk factors of hernia was collected separate structured questionnaires. Collected data was analysed by using SPSS statistical soft ware. Univariate / University analysis was employed to draw the hypothesis.

Results

The study revealed that the sign and symptoms were correlated based on the subjective information the discomfort or pain in the groin was 34.09%, weakness 18.18%, followed by heaviness 13.63% and aching in the groin was found to be 6.81% respectively.

Conclusion

An inguinal hernia happens when contents of the abdomen-usually fat or part of the small intestine-bulge through a weak area in the lower abdominal wall

KEYWORDS: Inguinal Hernia, Groin, Abdomen & Surgical Intervention

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INTRODUCTION

An inguinal hernia happens when contents of the abdomen –usually fat or part of the small intestine– bulge through a weak area in the lower abdominal wall. The abdomen is the area between the chest and the hips. The area of the lower abdominal wall is also called the inguinal or groin region. Two types of inguinal hernias are indirect inguinal hernias, which are caused by a defect in the abdominal wall that is congenital, or present at birth direct inguinal hernias, which usually occur only in male adults and are caused by a weakness in the muscles of the abdominal wall that develops over time Inguinal hernias occur at the inguinal canal in the groin region. The inguinal canal is a passage through the lower abdomen. In males, the spermatic cords pass through the inguinal canal is a passage through the lower abdominal wall. People have two inguinal canals – one on each side of the lower abdomen. Females are rarely suffered from this type of inguinal hernia incidence is very less as compared with males. In females, the broad ligament factors of the uterus acts as an additional barrier with the muscle layer of the lower area of abdominal wall. However, the broad ligament of the uterus will be acts as an additional barrier

behind the muscle layer of the lower abdominal wall respectively. Furthermore, the broad ligament of the uterus could be sheet of tissues that supports for the uterus and other reproductive organs of the body. Overwhelmingly, the males are very much likely to develop the inguinal hernias rather than females. Over twenty five percent of the males accrued form the hernia, in case of rural population the incidence is significantly differ as compared with urban population $p < 0.01$, nearly it was expressed about 4-5 percent of males will develops an inguinal hernia in their lifetimes as per the report of Indian multicentre study put forth by many Indian scientists.² Irrespective of age the patient which can develop inguinal hernias. Moreover the epidemic were drastically increased in the age group between 30-40 years due to lack of exercise, obesity 5SD and food habit *etc.*, An indirect hernias can expressed before the age one year and often to appear before the age 30 years; median age was found to be 36 years. They may appear in the later part of the life. In case of premature infants will be having a higher probability chance of developing an indirect inguinal hernia. Furthermore, the first sign of an inguinal hernia is a small bulge on one side or, rarely, on both sides of the groin-the area just above the groin crease between the lower abdomen and the thigh. The bulge may tend to increases in size over time, and usually disappears when lying down. The present study attempts to know the spectrum of hernia in tertiary care private medical college and research institute in Bangalore city.

Methods

An observational study conducted at Ambedkar Medical College and research hospital. Total 30 known patients recruited for surgical intervention. Males and females: 1:2 ratio. Informed consent obtained from all patients. Demographic profile, patient history, risk factors of hernia was collected separate structured questionnaires. Collected data was analysed by using SPSS statistical soft ware. Univariate / University analysis was employed to draw the hypothesis.

Medical and Family History

In an experimental basis we conducted a medical and family history, which may helps to a health care provider for early diagnosis and administered treatment at early developing stage. Often it seems to express the symptoms, that the patient will describes the sign of an inguinal hernia.

Physical Exam

For all patients we examined the physical Examination, However, it may help diagnose an inguinal hernia. During a time of physical Examination, health care providers usually will examine the patient's body routinely. Health care providers would be asked the patient to stand and cough or strain, so the health care provider can feel for a bulge caused by the hernia as it moves into the groin or scrotum place. The provider can gently try to visualize the hernia back into its proper position in the abdomen region.

Imaging Tests

X rays is used to diagnose an inguinal hernia unless he or she is trying to diagnose a strangulation or an incarceration respectively, it cannot feel the inguinal hernia during a physical examination, especially when the patients who are over obeys, and uncertain if the hernia or another condition will be causing and swelling in the groin or other symptoms. Eventually, the trained techniques perform the imaging tests at a health care provider's office, an outpatient centre, or a hospital *etc.*, A radiologist who has expertise in medical imaging-interprets the images.

B. Computerized tomography (CT) Scans

CT scans will be used a combination of X- rays and computer technology to create images of hernia. A health care provider transcribe the contrast medium into a vein, and the injection will make the patient feel warm all over for a minute or two respectively. However, the contrast medium allows the health care provider to visualize the blood vessels and blood flow on the X rays. The CT scans will requires the patient to lie on a table that slides into a tunnel-shaped device where the technician takes the X rays at the time of examination or screening.

RESULTS

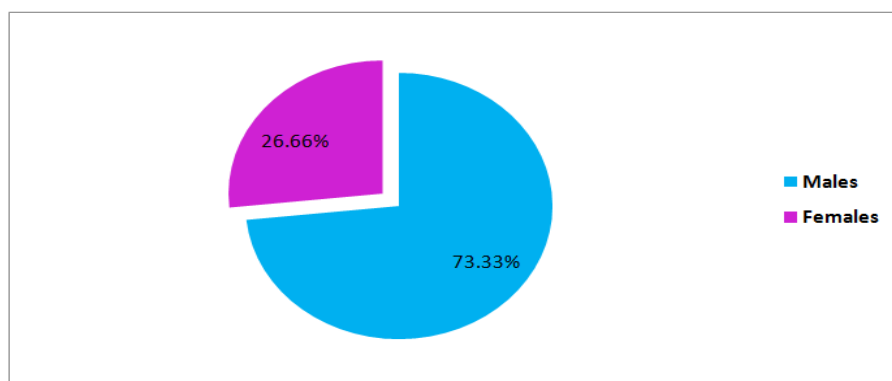


Figure 1: Gender Wise Distribution of Hernia

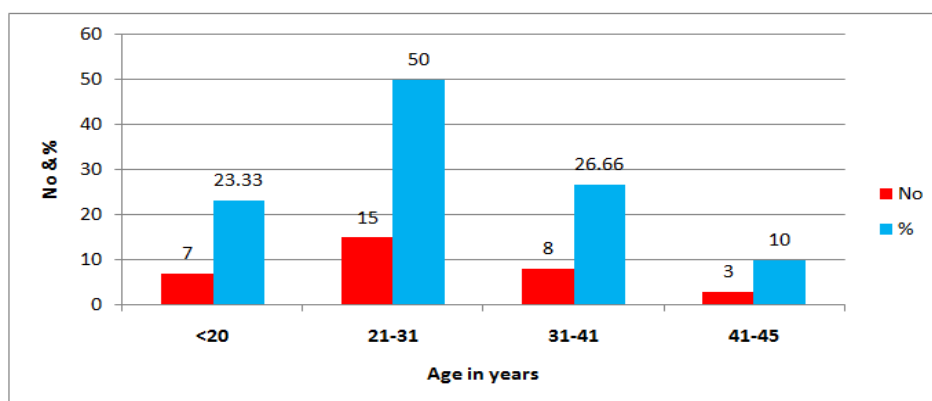


Figure 2: Age Wise Break Up of Hernia Cases

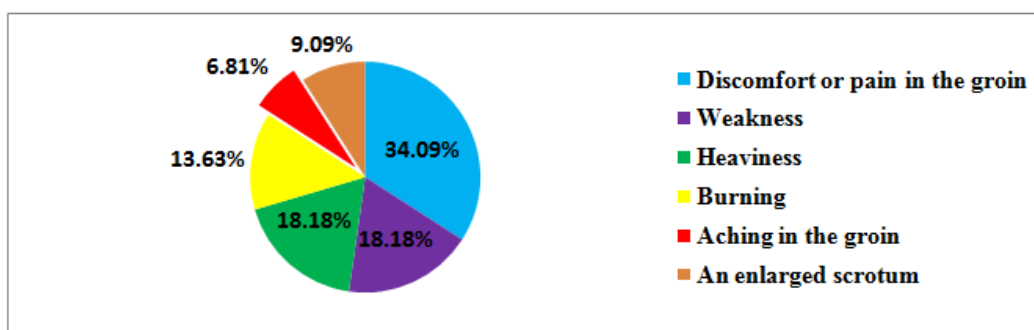


Figure 3: Sign and Symptoms of Hernia

The study revealed that the sign and symptoms were correlated based on the subjective information the discomfort or pain in the groin was 34.09%, weakness 18.18%, followed by heaviness 13.63% and aching in the groin was found to be 6.81% respectively. Indirect and direct inguinal hernias were slid in and out of the abdomen, into the inguinal canal area

of the stomach. Clinician or health care provider can often to move them back into the abdomen with gentle massage. Inguinal hernias will cause the following complications viz., Incarceration etc.; A health care provider is unable to massage the hernia back into the abdomen region. Strangulation; when an incarcerated hernia is not treated at proper time, the blood supply will gets collusive with the small intestine, often may become obstructed in veins, which was causing “strangulation” of the small intestine. However this lack of blood supply will often to get an emergency situation, and can cause the section of the intestine to die. Inguinal hernias diagnosed through the following ways; medical and family history, physical exam and imaging tests, including x rays

DISCUSSIONS

The resulted findings revealed that, the repair of an inguinal hernia was concurred via surgery is only treatment for inguinal hernia and it was prevented incarceration and strangulation of the body. The health care provider recommended surgery for most people with obeys and associated diabetes. Many researches in Indian context suggest that men with hernia that cause few or no symptoms may be lead with safely delay surgical intervention. Study reported by Nicks BA. Hernias (2009), as per his findings many factors positively correlated for the incidence of inguinal hernia in younger aged population viz. Obesity, food habit, sedentary life style, exposed to pollution, hereditary, smoking and alcoholic usage *etc.* Further more study reported by Simons MP (2009) he was opined that the incidence was more common in urban set up as compared with rural population, there was found to be statistically insignificant differences between the age and sex matched frequency. However the people can intervened an inguinal hernias from getting worse or keep inguinal hernias from recurring after surgery by avoiding heavy lifting, using the legs, not the back, when lifting objects, preventing constipation and straining during bowel movements, maintaining a healthy weight etc another study reported by. Jeyarajah R (2010) et al. He was concluded that dietary is very commonest mode for reduction of inguinal hernia in younger population.

CONCLUSIONS

Presently an Inguinal hernia is alarming stage in Indian context, proper dietary intervention could be implemented to reduces the epidemic of inguinal hernia at larger extent

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